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Attorney Docket Number

| DECLARATION   | FOR UTIL                              | TY OR                       |                      |                    | 2001-                | -IP-005267           | UlPl         |
|---|---------------------------------------|-----------------------------|----------------------|--------------------|----------------------|----------------------|--------------|
| DESIGN  |                                       |                             | First Named Inventor |                    | Larry S. Eoff, et al |                      |              |
| PATENT A  | )N                                    | COMPLETE IF KNOWN           |                      |                    |                      |                      |              |
| (37 CFR 1.63)   |                                       |                             | Application          | Number             |                      |                      |              |
| Declaration   | Declaration                           | tion                        | Filing Date          |                    |                      |                      |              |
| Submitted OR With Initial   |                                       | ted after Initial surcharge | Art Unit             |                    |                      |                      |              |
| Filing  | (37 CFI require                       | R 1.16 (e))<br>d)           | Examiner N           | lame               | ~                    |                      |              |
|   | · · · · · · · · · · · · · · · · · · · |                             |                      | <del></del>        |                      | •                    |              |
| I hereby declare that:  |                                       |                             |                      |                    |                      |                      |              |
| Each inventor's residence, ma   | ailing address, a                     | and citizenship are a       | as stated b          | elow next to th    | neir name.           |                      |              |
| I believe the inventor(s) name which a patent is sought on the  |                                       |                             | inventor(s)          | of the subject     | t matter wh          | nich is claimed      | and for      |
| Methods and Compos  |                                       |                             |                      |                    | and Stin             | nulating             |              |
| Hydrocarbon Producti  | on from a S                           | Subterranean F              | ormation             | า                  |                      |                      |              |
|   |                                       |                             |                      |                    |                      |                      |              |
| (Title of the Invention)  |                                       |                             |                      |                    |                      |                      |              |
| the specification of which  is attached hereto  |                                       |                             |                      |                    |                      |                      |              |
|   |                                       |                             |                      |                    |                      |                      |              |
| OR  |                                       |                             |                      |                    |                      |                      |              |
| was filed on (MM/DD/Y   | YYY)                                  |                             | as Unit              | ed States App      | lication No          | umber or PCT         | nternational |
| Application Number and was amended on (MM/DD/YYYY) (if applicable).   |                                       |                             |                      |                    |                      |                      |              |
| I hereby state that I have revie  | wed and under                         |                             | •                    | ` L_               | ecification          |                      |              |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  |                                       |                             |                      |                    |                      |                      |              |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for  |                                       |                             |                      |                    |                      |                      |              |
| continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.  |                                       |                             |                      |                    |                      |                      |              |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one |                                       |                             |                      |                    |                      |                      |              |
| country other than the United States of America, listed below and have also identified below, by checking the box, any foreign  |                                       |                             |                      |                    |                      |                      |              |
| application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.   |                                       |                             |                      |                    |                      |                      |              |
| Prior Foreign Application Number(s)   | Country                               | Foreign Filing<br>(MM/DD/YY |                      | Priori<br>Not Clai |                      | Certified Cop<br>Yes |              |
| IAGIIIDGI (2)   |                                       | (MIMI/DD/TT                 |                      | Not Clair          | meu                  |                      | No           |
|   |                                       |                             | İ                    | H                  |                      |                      | Fi I         |
|   |                                       |                             |                      |                    |                      |                      |              |
|   |                                       |                             | ľ                    | 님                  |                      |                      | H            |
| Additional foreign applicat   | ion numbers ar                        | e listed on a supple        | emental prid         | ority data shee    | et PTO/SB            | /02B attached        | hereto.      |
| ш.ш.  |                                       | [Page 1                     | <u> </u>             | -,                 |                      |                      |              |

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| Address<br>P.O. Box 1431  |                                  |                                      |                   |               |           |                                   |          |               |                           |
| City  |                                  |                                      |                   | State         | :         |                                   |          |               | ZIP                       |
| Duncan  |                                  |                                      |                   | ок            |           |                                   |          |               | 73536-0440                |
| Country   |                                  | Telephone                            |                   | Fax           |           |                                   | -        |               |                           |
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| NAME OF SOLE OR FIRST IN  | VENTOR:                          |                                      | Ape               | etition       | has be    | en filed                          | for thi  | s unsigr      | ned inventor              |
| Given Name<br>(first and middle [if any])   |                                  | •                                    | •                 |               | F         | Family Name<br>or Surname<br>Eoff |          |               |                           |
| Inventor's Signature  | 5. 8                             | M                                    |                   |               |           |                                   |          |               | Date \-\3-4               |
| Residence: City Duncan  | State<br>OK                      |                                      |                   | Cour<br>USA   | itry      |                                   |          | Citizer<br>US | nship                     |
| Mailing Address<br>2201 Cedar   | -                                |                                      |                   |               |           |                                   |          |               |                           |
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| Duncan  | OK                               |                                      |                   |               | 73533     | 1                                 |          |               | USA                       |
| NAME OF SECOND INVENTO  | R:                               |                                      |                   |               | Αp        | etition h                         | nas bee  | n filed f     | or this unsigned inventor |
| Given Name<br>(first and middle [if any])<br>Eldon D.   |                                  |                                      |                   |               |           | amily N<br>asympa                 |          |               |                           |
| Inventor's Signature  | Q.                               | Ca                                   | , (               | \ H           |           |                                   |          |               | Date 13/04                |
| Residence: City   | State                            | -                                    | V                 | Coun          | try       |                                   |          | Citizer       | nship                     |
| Duncan  | ок                               |                                      |                   | USA           |           | US                                | JS       |               |                           |
| Mailing Address<br>907 E. Plato   |                                  |                                      |                   |               | -         |                                   |          |               |                           |
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| Duncan  | ок                               |                                      |                   |               | 73533     |                                   |          | U\$A          |                           |
| Additional inventors or a legal re  | presentative are bei             | ng named on the                      | Sı                | uppleme       | ental she | et(s) PT0                         | D/SB/02A | or 02LR       | attached hereto.          |

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| DECLARATION                                | Supplemental Sheet  Page 1 of 1 |                        |                                       |                      |             |  |  |
|--|---------------------------------|------------------------|---------------------------------------|----------------------|-------------|--|--|
| Name of Additional Joint Inventor, if any: |                                 | A petition             | has been filed for this u             | nsigned in           | ventor      |  |  |
| Given Name (first and middle (if any)      |                                 | Family Name or         | Surname                               |                      |             |  |  |
| B. Raghava                                 |                                 | Reddy                  |                                       |                      |             |  |  |
| Inventor's B. Rathara F                    | 248                             |                        |                                       | Date //              | 6/04        |  |  |
| Duncan<br>Residence: City                  | OK<br>State                     | USA<br>Country         |                                       | India<br>Citizenship |             |  |  |
| 2013 Waverly                               |                                 | 7 000                  |                                       | ORIZOTIONIP          |             |  |  |
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| Name of Additional Joint Inventor, if any: | <u> </u>                        | A petition             | has been filed for this u             | nsigned inv          | ventor      |  |  |
| Given Name (first and middle (if any)      |                                 | Family Name or Surname |                                       |                      |             |  |  |
|  |                                 |                        | · · · · · · · · · · · · · · · · · · · |                      |             |  |  |
| Inventor's<br>Signature                    |                                 | Date                   |                                       |                      |             |  |  |
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| Mailing Address                            |                                 |                        |                                       |                      |             |  |  |
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| Name of Additional Joint Inventor, if any: |                                 | A petition             | has been filed for this u             | nsigned inv          | ventor      |  |  |
| Given Name (first and middle (if any)      |                                 |                        | Family Name or Si                     | urname               |             |  |  |
|  |                                 |                        |                                       |                      |             |  |  |
| Inventor's<br>Signature                    | Date                            |                        |                                       |                      |             |  |  |
| Residence: City State                      |                                 | te Country Citizenship |                                       |                      |             |  |  |
| Mailing Address                            |                                 |                        |                                       |                      |             |  |  |
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PTO/SB/81 (05-03)

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|--|--|---|---|-------------------------|---------------|----------------|--------------|---------------|-------------------------|--|
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| AUTHORIZATION OF AGENT  ArUnit Examiner Name Attorney Docket Number  Practitioners at Customer Number  See attached  Name  Registration Number  Registration | - 1  | DOWED OF  | ATTORNEY OR   | Firs                    | Named Inve    | entor          | Larr         | v S.          | Eoff, et al             |  |
| At Unit Examiner Name Attorney Docket Number   2001 – IP + 005267UIP1    Ihereby appoint:  |  |   |   |                         | Title         |                |              |               |                         |  |
| Atterney Docket Number  2001—IP—005267UIP1    Ihereby appoint:   |  | AUTHORIZAT  | TON OF AGENT  | Art I                   | Jnit          |                | IICCII       | <u>ous</u>    | and Compositions        |  |
| Thereby appoint:   | İ  |   | ·   | Exa                     | niner Name    |                |              |               |                         |  |
| I hereby appoint:  | (  | •   | 20 - 60 - 6   | Atto                    | rney Docket   | Number         | 2001         | -TP-          | -005267IIIP1            |  |
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| OR    Firm or   Individual Name   Address  |  |   |   |                         |               | 1              |              |               | Place Customer          |  |
| Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Robert A. Kent  Signature  Figure Famula Amula  Telephone  Telephone  Telephone  Telephone  S80-251-3125  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below'.   |  | Practitioners at Custome                              | r Number.   |                         |               |                |              | ^             |                         |  |
| Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Robert A. Kent Signature  Signature  Oate  1 - /9 - 200 4/  Telephone  Telephone  580-251-3125  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.   | 0.   |   | L   |                         |               | J              |              |               | Label Here              |  |
| Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Robert A. Kent  Signature  Signature  Oate  1   |  |   |   |                         |               |                |              |               |                         |  |
| Address  City  Country  Telephone  I am the:  Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Robert A. Kent  Signature  Date  1 - 19 - 200 4  Telephone  580-251-3125  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.   |  |   |   |                         |               |                |              |               |                         |  |
| City Country Telephone Fax  I am the: Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Robert A. Kent Signature Date  1 - 19 - 200 4  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |  | Address   |   |                         |               |                |              |               |                         |  |
| Telephone  I am the:  Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Robert A. Kent Signature Form A Fund Telephone 580-251-3125  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.   |  |   |   |                         |               |                | •            |               |                         |  |
| Telephone  I am the: Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Robert A. Kent Signature  Date /-/9 - 200 4  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |   |   |                         | State         | 1              |              | Zip           |                         |  |
| I am the:   Applicant/Inventor.   X  |  |   |   |                         | T. E          |                |              | <del></del> . |                         |  |
| Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Robert A. Kent.  Signature Faful a Hand  Date /-/2 - 200 4 Telephone 580-251-3125  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  | <u></u>   |   |                         | Fax           |                |              |               |                         |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Robert A. Kent  Signature Affin Affin  Date /-/9-2004 Telephone 580-251-3125  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   | l am th                                      |   |   |                         |               |                |              | •             |                         |  |
| SIGNATURE of Applicant or Assignee of Record  Name Robert A. Kent Signature For Applicant or Assignee of Record  Telephone 580-251-3125  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  | * *   |   |                         |               |                |              |               |                         |  |
| Name Robert A. Kent Signature   Date   1-19-2004  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  | X  | Assignee of record of the<br>Statement under 37 CF    | ne entire interest. See 37 CFR 3.7<br>FR 3.73(b) is enclosed. (Form PTC | 71.<br>D/S <i>B</i> /96 | i).           |                |              |               |                         |  |
| Signature  Signature  Figure 19 - 200 4  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   | SIGNATURE of Applicant or Assignee of Record |   |   |                         |               |                |              |               |                         |  |
| Signature  Signature  Fortil ASNL  Date  1-19-2004  Telephone  580-251-3125  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   | Name Robert A. Kent                          |   |   |                         |               |                |              |               |                         |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.   | Signatu                                      | Signature Hobert a Hent                               |   |                         |               |                |              |               |                         |  |
| forms if more than one signature is required, see below*.  | Date   | ate /- /9 - 200 4 Telephone 580-251-3125              |   |                         |               |                |              |               |                         |  |
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|--|------------------------|------------------------------|------------------------|
| Halliburton Energy Services,<br>Inc. Practitioners |                        | Baker Botts<br>Practitioners |                        |
| William E. Shull                                   | 29,438                 | Mitchell D. Lukin            | 30,772                 |
| William M. Imwalle                                 | 35,904                 | Carey C. Jordan              | 47,646                 |
| Robert A. Kent                                     | 28,626                 | lona Kaiser                  | 53,086                 |
| Craig W. Roddy                                     | 36,256                 |                              |                        |
| John W. Wusternberg                                | 35,415                 |                              |                        |
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| STATEMENT UNDE  | R 37 CFR 3.73(b)   |
|---|--|
| Applicant/Patent Owner: Larry S. Eoff, et al  |  |
| Application No./Patent No.: <u>Uńknown</u> Filed/Issue  | Date: Concurrently Herewith  |
| Entitled: Methods and Compositions for Reduct<br>Hydrocarbon Production from a Subterranear   | Formation  |
| Halliburton Energy Services, Inc., a co (Name of Assignee) (Type of As  | Orporation signee, e.g., corporation, partnership, university, government agency, etc.)      |
| states that it is:  1. 📉 the assignee of the entire right, title, and interest; or  | •  |
| <ol> <li>an assignee of less than the entire right, title and interest.         The extent (by percentage) of its ownership interest is         in the patent application/patent identified above by virtue of either:     </li> </ol>                      |  |
| A. [ *\frac{1}{2} An assignment from the inventor(s) of the patent application in the United States Patent and Trademark Office at Reelattached.  | /patent identified above. The assignment was recorded, Frame, or for which a copy thereof is |
| OR  |  |
| B. [ ] A chain of title from the inventor(s), of the patent application/p below:  1. From:  To:   |  |
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| [X] Copies of assignments or other documents in the chain of title are [NOTE: A separate copy (i.e., the original assignment document must be submitted to Assignment Division in accordance with 37 recorded in the records of the USPTO. See MPEP 302.08] | t or a true copy of the original document)   |
| The undersigned (whose title is supplied below) is authorized to act of $1 - 19 - 2004$   |  |
|   | Robert A. Kent   |
| 580-251-3125  | Typed or printed name  |
| Telephone number  | Signature Signature  |
| тетернопе потност   | Signature .  |
|   | Senior Counsel   |
|   | Title  |

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